

REMARKS

Reconsideration and reversal of the rejections expressed in the Office Action dated February 12, 2004, are respectfully requested in light of the following.

In the specification, the paragraph beginning on page 1, at line 4, has been amended to update the priority claim as suggested by the Examiner. The paragraph beginning on page 9, at line 29, has been amended so that this paragraph now begins on a new line separate from the last line of the previous paragraph, again as suggested by the Examiner.

Claims 1-20 remain in this application. Claim 5, at line 2, has been amended to clearly recite "the first coupler" in order to provide a proper antecedent basis and thereby overcome the Examiner's rejection under 35 U.S.C. § 112, second paragraph. It is respectfully submitted that this amendment does not narrow the scope of the claim.

The Examiner rejected claims 1-4, 7, 8, 10-13, and 17-20 under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 4,945,592 to Sims et al. in view of U.S. Patent No. 4,905,944 to Jost et al.

Claim 1 recites a hospital bed comprising a frame, a plurality of casters supporting the frame, a patient support surface coupled to the frame, a first handle positioned adjacent a first end and a first side of the patient support surface, and a first grip portion coupled to the first handle. Claim 1 further recites a second handle positioned adjacent the first end and a second side of the patient support surface, and a second grip portion coupled to the second handle. A first coupler is configured to operably couple the first handle to the frame such that the first grip portion is positioned to permit a caregiver to apply a moving force to the frame, and a second coupler is configured to operably couple the second handle to the frame such that the second grip portion is positioned to permit a caregiver to apply a moving force to the frame. Claim 1 also recites an accessory coupled to the first handle.

The Sims et al. patent discloses a transport system 10 for a portable patient care apparatus 12. System 10 includes a patient transport device 14 having a first flange 16 and a second flange 18. Patient care apparatus 12 further includes a vertical member 36, having an upper portion 38, which is detachably secured to a base portion 40. The upper portion 38 has a means for supporting various diagnostic and therapeutic medical patient care devices 44. The second flange 18 may be secured to the lower end of the upper portion 38. Socket means 22 and 28 engage in such a way that upper portion 38 is able to pivot about first flange 16.

The Jost et al. patent discloses an intravenous stand including a base 8 supported by caster wheels 40 and neoprene wheels 46. A pole 10 extends vertically from the base 8 and a

handle 70 is carried on the pole 10 and includes a rubber sleeve 72. A sub-pole 12 telescopically extends from the main pole 10.

Neither the Sims et al. patent nor the Jost et al. patent provide any hint or suggestion of the combination of elements clearly recited in independent claim 1. More particularly, neither of these references provide any teaching or suggestion of a first handle positioned adjacent the first end and the first side of the patient support surface, and a second handle positioned adjacent the first end and the second side of the patient support surface, either alone or in combination with a first grip portion coupled to the first handle, and a second grip portion coupled to the second handle. As indicated by the Examiner, the Sims et al. patent provides that a headboard may be provided with two female sockets disposed at opposite sides of a longitudinal center line of the hospital bed. However, there is no suggestion that the sockets receive first and second handles as clearly recited in independent claim 1.

The Patent and Trademark Office can satisfy its burden of establishing obviousness “only by showing some *objective* teaching in the prior art or that knowledge generally available to one of ordinary skill in the art would lead an individual to combine the relevant teachings of the references.” In re Fine, 1837 F.2d 1071, 1073 (Fed. Cir. 1988) (emphasis added) (citations omitted). The Federal Circuit in In re Fine further stated that a “bald assertion” that substituting an element in a prior art reference would have been within the ordinary skill in the art is insufficient to support a finding of obviousness. Id. at 1074.

The Examiner has failed to satisfy the Patent and Trademark Office burden of establishing obviousness. More particularly, the Examiner fails to show any teaching that would suggest modifying Sims et al. in the manner suggested. The prior art simply does not teach or suggest all of the limitations recited in claim 1. The Examiner’s conclusory statement that “it is inherent that two handles with the same configurations can be attached to the bed at the same time” does not satisfy the requirements of 35 U.S.C. § 103 as detailed above.

Further, the sockets suggested by Sims et al. are utilized to receive an accessory support in the form of a vertical member 36, and not a handle for permitting a caregiver to apply a moving force to the frame. For these reasons alone, it is respectfully submitted that claim 1, and the claims dependent therefrom, are in condition for allowance.

Additionally, it is noted that neither the Sims et al. patent nor the Jost et al. patent provide any hint or suggestion of a first coupler configured to operably couple the first handle to the frame such that the first grip portion is positioned to permit a caregiver to apply a moving force to the frame, in combination with a second coupler configured to operably

couple the second handle to the frame such that the second grip portion is positioned to permit a caregiver to apply a moving force to the frame. As noted above, the vertical member 36 is an accessory support and is not positioned or coupled to the patient care apparatus 12 in order to permit a caregiver to apply a moving force to the frame. Additionally, the handle 70 in the Jost et al. patent is configured for manipulation of the intravenous stand. There is no hint or suggestion of coupling the handle 70 to a hospital bed frame for applying a moving force thereto. As such, it is respectfully submitted that claim 1 is further allowable over the cited references.

Independent claim 10 recites an apparatus for use with a patient support, the apparatus comprising a first handle positioned adjacent an end of the patient support, and a second handle positioned adjacent the end of the patient support in laterally spaced relation to the first handle. Claim 10 further recites a first coupler configured to couple the first handle to the patient support such that the first handle is supported for pivoting movement about a vertical first axis of rotation to permit a caregiver to apply a moving force to the patient support, and a second coupler configured to couple the second handle to the patient support such that the second grip portion is supported for pivoting movement about a vertical second axis of rotation to permit the caregiver to apply a moving force to the patient support. Claim 10 further recites an accessory pole coupled to the first handle.

Claim 10 is believed to be in condition for allowance for the reasons provided above with respect to independent claim 1.

Additionally, it should be noted that claim 10 requires an accessory pole coupled to the first handle. As noted above, the Sims et al. patent discloses a vertical member 36 which comprises the accessory support, or pole, itself. This accessory pole is not coupled to a handle as clearly required in independent claim 10. Further, there is no teaching or suggestion in the Jost et al. patent of coupling the handle 70 to a patient support, as detailed above. As such, it is respectfully submitted that independent claim 10 is further allowable.

Claim 17 recites an apparatus for use with a patient support, the apparatus comprising a push handle, a grip portion operably coupled to the push handle and configured to move relative to the push handle, and a coupler configured to couple the push handle to the patient support.

Neither the Sims et al. patent nor the Jost et al. patent provide any hint or suggestion of the combination of elements clearly recited in independent claim 17. More particularly, neither of these references provide any teaching or suggestion of a grip portion operably coupled to a push handle and configured to move relative to the push handle, alone or in

combination with a coupler configured to couple the push handle to a patient support. There is no suggestion in Jost et al. of the rubber sleeve 72 being configured to move relative to the handle 70. For this reason alone, it is respectfully submitted that claim 17, and the claims dependent therefrom, are in condition for allowance.

Claims 5, 6, and 14-16 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Sims et al. in view of Jost et al and further in view of U.S. Patent No. 4,886,237 to Dennis.

The Dennis patent discloses a device including a bracket 11 mounted on a frame means 12 of a patient support apparatus. Bracket 11 has an arcuate slot 14 therein. A first end 21 of the bar 20 is mounted in the bracket 11, preferably by a pivotal mounting. In the first end 21 of the bar 20, there is an opening 22. A bolt 15 passes through the arcuate slot 14 and is received in the opening in the bar 22. The arcuate slot 14 and the bolt 15 permit extension of the bar through approximately 180°. The bar may be secured in a desired intermediate position by adjusting the bolt 15. A spring clip 30 clamps intravenous stand 17 to the second end of the bar 20.

The Dennis patent fails to overcome the deficiencies of the Sims et al. patent and the Jost et al. patent as detailed above with respect to independent claims 1 and 10. Since claims 5 and 6 depend from properly allowable claim 1, and claims 14-16 depend from properly allowable claim 10, it is respectfully submitted that these claims are likewise in condition for allowance.

Claim 9 has been rejected under 35 U.S.C. § 103(a) as being unpatentable over Sims et al. in view of Jost et al. and further in view of U.S. Patent No. 5,556,065 to Wadley.

Wadley discloses an intensive care carriage including an oxygen tank holder.

Again, the Wadley patent fails to overcome the deficiencies of the Sims et al. patent and the Jost et al. patent as detailed above with respect to independent claim 1. Since claim 9 depends from properly allowable claim 1, it is respectfully submitted that this claim is likewise in condition for allowance.

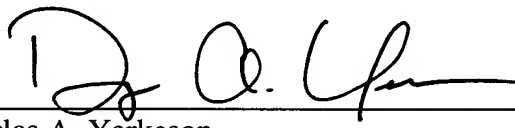
In view of the foregoing, it is respectfully submitted that all of the solicited claims are in condition for allowance. Such action is respectfully requested.

If necessary, applicants request that this response be considered a request for an extension of time appropriate for the response to be timely filed. Applicants request that any required fees needed beyond those submitted with this response be charged to the deposit account of Bose McKinney & Evans, Deposit Account No. 02-3223.

The Examiner is invited to contact the undersigned at the telephone number provided below should any question or comments arise during the course of consideration of this matter.

Respectfully submitted,

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